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(Req	uestor's Name)	
(Add	lress)	
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(City	/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer.	
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Office Use Only



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2021 JUN 24 PM 4: 49

2021 JUN 24 PM I2: 35 SECRETALY OF STATE TALLARY SLEE, FL

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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

X	CERTIFIED COPY	
	РНОТОСОРУ	
ХХ	CUS	
ХХ	FILING	CONVERSION
	PLEXUS MANAGEMEN (CORPORATE NAME AND DOCUMENT)	
	(CORPORATE NAME AND DOCUM	MENT #)
	(CORPORATE NAME AND DOCUM	MENT #)
	(CORPORATE NAME AND DOCUM	MENT #)
	(CORPORATE NAME AND DOCUM	MENT #)
	(CORPORATE NAME AND DOCUM	MENT#)

COVER LETTER

TO:	: New Filing Section Division of Corporations	
CIID	BJECT: PLexus Management	LLC
SUD	(Name of Resulting Florida Limited Company)	
The e	e enclosed Articles of Conversion, Articles of Organization, and fees are submisiness Entity" into a "Florida Limited Liability Company" in accordance with	nitted to convert an "Other s. 605.1045, F.S.
Pleas	ase return all correspondence concerning this matter to:	
	Jorge Almansa (Contact Person) Plexus Management LL((Firm/Company)	
	Plexus Management LLC	
27	721 NR 145trest 103 (Address)	
	(Address)	
Pc	Ompano Beach F1. 33062 (City, State and Zip Code)	
	920035000yahoo.com	
E-	E-mail Address: (to be used for future annual report notifications)	
For f	r further information concerning this matter, please call:	
- TOL 1	Tunge Almansa at (954) 534 44 (Name of Contact Person) (Area Code) (Daytime Telephone I	143
	(Name of Contact Person) (Area Code) (Daytime Telephone I	lumber)
Encl dolla	closed is a check for the following amount: (All checks processed by this offi llars and drawn on a bank located in the United States)	ce must be payable in US
(\$25 & \$1	\$150.00 Filing Fees	, and
	Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallaTallahassee, FL 323142415 N. Monroe Str	nassee

Tallahassee, FL 32303

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SECRETARY OF STATE TALLAHASSEE, FL

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Plexus Management Inc. (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on Jun 29202 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: (Enter Name of Florida Limited Liability Company) (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 24 day of Tune	20
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Signature of Authorized Representative: Printed Name: Org - H mansa	_Title:
Ct	See below for required signature(s)]
Signature: Printed Name: Ory-r Almans	Title: MGN
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	_Title:
Signature:Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
pompano Beach Fi. Pompano Beach FL. 33062 33062
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Jorga Alman 52 Jorga Alman 52 Jorga Agent. You must designate an individual or another Signature:
Name (A) To
Pompene Brach FL 3306 L City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager \[\text{MGR} \times \text{R} \tag{\text{R}}	Jorge Alnunge 1721 Ne 14 Street 103 Nombano Beach El. 3306
,	Compano Beach El. 3306
	co
	ECR:
	DHASSEE.
(Use attachment if necessary)	E. STATE
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
	ged or printed name of signee

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Filing Fees